



Enterohemorrhagic *E. coli* (*E. coli*, shiga toxin-producing)

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
☐ Suspect
By: ☐ Lab ☐ Clinical
☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____
LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____ Investigation start date: ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Zip code (school or occupation): _____ Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____
☐ ☐ ☐ ☐ **Bloody diarrhea**
☐ ☐ ☐ ☐ **Abdominal cramps or pain**
☐ ☐ ☐ ☐ Nausea
☐ ☐ ☐ ☐ Vomiting
☐ ☐ ☐ ☐ Fever Highest measured temp (°F): ____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Predisposing Conditions

Y N DK NA
☐ ☐ ☐ ☐ Antibiotic taken for this diarrheal illness
☐ ☐ ☐ ☐ Underlying illness, specify: _____

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ **Hemolytic uremic syndrome (HUS)**
☐ ☐ ☐ ☐ **Thrombotic thrombocytopenic purpura (TTP)**
☐ ☐ ☐ ☐ Coagulopathy (platelets < 100,000)
☐ ☐ ☐ ☐ Acute anemia with microangiopathic changes
☐ ☐ ☐ ☐ Kidney (renal) abnormality or failure
☐ ☐ ☐ ☐ Kidney dialysis as result of illness

Hospitalization

Y N DK NA
☐ ☐ ☐ ☐ **Hospitalized for this illness**
Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____
Y N DK NA
☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____
Source _____

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT
☐ ☐ ☐ ☐ ☐ ***E. coli* O157:H7 culture**
☐ ☐ ☐ ☐ ☐ **Non-O157:H7 Shiga toxin+ *E. coli* culture**
Type if non-O157:H7 _____
☐ ☐ ☐ ☐ ☐ ***E. coli* O157 Shiga toxin+ culture**
☐ ☐ ☐ ☐ ☐ ***E. coli* O157 culture, without Shiga toxin+ [Probable]**
☐ ☐ ☐ ☐ ☐ **EHEC titer elevated Type: _____ [Probable]**
☐ ☐ ☐ ☐ ☐ **Shiga toxin assay, no isolation of *E. coli* [Suspect]**
☐ ☐ ☐ ☐ ☐ Food specimen culture
PFGE result: _____

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-8 -1

o
n
s
e
t

Contagious period

1 week to weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
 Out of: ☐ County ☐ State ☐ Country
 Dates/Locations: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Household ☐ Casual ☐ Sexual
☐ Needle use ☐ Other: _____
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Beef
 Rare, undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Ground beef
 Rare, undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Handled raw meat
- ☐ ☐ ☐ ☐ Venison or other wild game meat
- ☐ ☐ ☐ ☐ Other meat products: _____
- ☐ ☐ ☐ ☐ Raw fruits or vegetables
- ☐ ☐ ☐ ☐ Sprouts (e.g. alfalfa, clover, bean)
- ☐ ☐ ☐ ☐ Fresh herbs Type: _____
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Juices or cider, Type: _____
- ☐ ☐ ☐ ☐ Unpasteurized juices or cider
- ☐ ☐ ☐ ☐ Known contaminated food product
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants
- Restaurant name/location: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Source of drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Recreational water exposure
☐ Natural water ☐ Pools, spas, water park, fountain
☐ Both
 Name/Location: _____
- ☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
 Specify animal: _____
- ☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
- ☐ ☐ ☐ ☐ Cattle, cow or calf

How was this person likely exposed to the disease:

- ☐ Food ☐ Drinking Water ☐ Recreational water ☐ Person
☐ Animal ☐ Environment ☐ Unknown

Where did exposure probably occur?

- ☐ U.S. but not WA (State: _____)
☐ In WA (County: _____)
☐ Not in U.S. (Country/Region: _____)
☐ Unknown

Exposure details (e.g., exposure date, specific site, purchase or use-by date, product name/description):

- ☐ No risk factors or exposures could be identified
☐ Patient could not be interviewed

PATIENT PROPHYLAXIS / TREATMENT**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed as health care worker
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)

PUBLIC HEALTH ACTIONS

- ☐ Exclude from sensitive occupation (HCW, food, child care) or situations (child care) until 2 negative stools
- ☐ Hygiene education provided
- ☐ Restaurant inspection
- ☐ Child care inspection
- ☐ Testing of home/other water supply
- ☐ Initiate traceback investigation
- ☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____ Record complete date ____/____/____